

POLICY AND PROCEDURE

POLICY NAME: Expressive Therapy Benefit for <21 y/o	POLICY ID: FL.UM.60.00
BUSINESS UNIT: Sunshine State Health Plan	FUNCTIONAL AREA: Utilization Management
EFFECTIVE DATE: 10/01/2022	PRODUCT(S): Managed Medical Assistance (MMA), Children’s Medical Services (CMS), Child Welfare (CW), Comprehensive Long Term Care (LTC), and Serious Mental Illness (SMI)
REVIEWED/REVISED DATE: 10/22	
REGULATOR MOST RECENT APPROVAL DATE(S): N/A	

POLICY STATEMENT:

It is the policy of Sunshine Health to cover Agency for Health Care Administration (AHCA) approved expressive benefit when medically necessary, appropriate, and consistent with good medical practice, and after review on an individual basis, for the specific indications outlined in this policy.

PURPOSE:

To establish clinical criteria on which to review requests for Art, Equine, and Pet Therapies as expanded benefits for Sunshine Health’s MMA, CMS, Comprehensive LTC, and SMI products. The goal is to provide Art, Equine, and Pet Therapy services when medically necessary and to define criteria and limitations for each of the services.

SCOPE:

This policy applies to all directors, officers, and employees of Centene Corporation, its affiliates, health plans, and subsidiary companies (collectively, the “Company”).

DEFINITIONS:

Art therapy is a form of psychotherapy involving the encouragement of free self-expression through painting, drawing, body movement, or modeling, used as a remedial activity. Through integrative methods, art therapy engages the mind, body, and spirit in ways that are distinct from verbal articulation alone. Kinesthetic, sensory, perceptual, and symbolic opportunities invite alternative modes of receptive and expressive communication, which can circumvent the limitations of language. Visual and symbolic expression gives voice to experience, and empowers individual, communal, and societal transformation.

Equine therapy is a range of treatments that involve activities with horses and other equines to promote human physical and mental health.

Pet therapy is a guided interaction between a person and a trained animal. It involves the animal's handler during these interactions. The purpose of pet therapy is to help the individual recover from or cope with a health problem or behavioral health disorder.

POLICY:

It is the policy of Sunshine Health to cover Agency for Health Care Administration (AHCA) approved benefits when medically necessary, appropriate, and consistent with good medical practice, and after review on an individual basis, for the specific indications outlined in this policy.

This policy is specific to the children’s expressive benefits for members under 21 years of age in MMA, CMS, CW, Comprehensive LTC, and SMI products. If a request for a member over 21 in any of Sunshine’s Medicaid products is submitted, it will be reviewed against the Expressive Therapy Expanded Benefit. Please refer to FL.UM.32.00.

PROCEDURE:

Review Process: To assist in determining the medical necessity of an expanded benefit, the clinical criteria established in this policy will be applied. A request for medical necessity review is consistent with Sunshine Health medical policies:

- FL.UM.02.01 - Medical Necessity Review
- FL.UM.02 – Use of Clinical Criteria
- Any decision to deny, reduce, suspend or terminate services must be made by the Health Plan’s Medical Director or contracted vendor as outlined in the policy Clinical Decision Criteria and Application FL.UM.02
- Determinations and provider notifications will be made according to the expediency of the case as described in the Timeliness of UM Decisions FL.UM.05

Specific Clinical Information/Criteria

The requesting practitioner must provide information relative to the Expressive Therapy Benefit Service that is being requested.

Art therapy **is a covered benefit** and medically necessary for a member who meets the following:

- Is a participant in a Case or Disease Management program; **AND**,
- Is a child under 21 years of age enrolled in Sunshine Health Plan; **AND**,
- Has a diagnosis of:
 - Member has a mental health diagnosis; **OR**,
 - Cancer or cancer recurrence; **OR**,
 - PTSD; **OR**,
 - Emotional abuse within the past 2 years.
- Member could benefit from improvements concerning any of the following:
 - Cognitive and sensory-motor functions
 - Self-esteem and self-awareness
 - Emotional resilience
 - Insight
 - Social skills
 - Conflict resolution and distress

Pet Therapy **is a covered benefit** and medically necessary for a member who meets the following:

- Participates in a Case or Disease Management program; **AND**,
- Is a child under 21 years of age enrolled in Sunshine Health Plan ; **AND**,
- Has a diagnosis of:
 - cancer or cancer recurrence; **OR**,
 - cerebral palsy; **OR**,
 - autism; **OR**,
 - emotional abuse within the past 2 years; **OR**,
 - other chronic medical conditions
- Member could benefit from improvements concerning any of the following:
 - Cognitive and sensory-motor functions
 - Self-esteem and self-awareness
 - Emotional resilience
 - Insight
 - Social skills
 - Conflict resolution and distress

Equine (Hippotherapy) Therapy **is a covered benefit** and medically necessary for a member who meets the following:

- Participates in a Case or Disease Management program; **AND**,
- Has received clearance from their primary provider; **AND**,
- Is a child under 21 years of age enrolled in Sunshine Health Plan ; **AND**,
- Has a diagnosis of:
 - cancer or cancer recurrence; **OR**,
 - cerebral palsy; **OR**,
 - autism; **OR**,
 - an eating disorder; **OR**,
 - PTSD.

Information Required for Review

The following information and documentation should be submitted with any request for art therapy, in order to assess medical necessity:

- Medical documentation as noted above in the “**Specific Clinical Information/Criteria**” section
- Problem focused history and examination including assessment of the member’s:
 - Functional and cognitive deficits
 - Mental and emotional health
 - Psychosocial needs
 - Support system in the home and community
 - Member strengths and limitations

- S.M.A.R.T. treatment goals with expected completion dates, and clinical notes from each visit
- Treatment goal and objective updates at each concurrent review

Discharge Criteria

- The member no longer meets criteria as defined above
- The member withdraws from treatment
- The member is not an active participant or fails to make adequate progress toward treatment goals
- The member requires a different level of treatment or more specialized treatment
- Treatment goals are achieved
- Lack of communication from the member

Limitations / Exclusions

The following limitations or exclusions apply:

- Benefit limits:
 - Art Therapy: Unlimited with prior authorization
 - Equine Therapy: Up to 10 sessions per year with prior authorization
 - Pet Therapy: Sessions as needed per provider recommendation with prior authorization

CPT®* Codes	Description
97139	Unlisted Therapeutic procedure
97799	Unlisted Physical medicine / rehabilitation service or procedure

HCPCS* Codes	Description
G0176	Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more)
S8940	Equestrian / hippotherapy, per session

REFERENCES: American Art Therapy Association: <https://arttherapy.org>- date last accessed is 06/30/20
 Guidelines for animal assisted activity, animal-assisted therapy and resident animal programs. American Veterinary Medical Association Web site. <https://www.avma.org/resources-tools/animal-health-and-welfare/service-emotional-support-and-therapy-animals/animal-assisted-interventions-guidelines>- date last accessed is 09/19/22.
 American Hippotherapy Association. (2020). Hippotherapy as a treatment strategy. Retrieved from <https://www.americanhippotherapyassociation.org/what-is-hippotherapy> - date last accessed is 9/23/22.

FL.UM.05 Timeliness of UM Decisions policy and procedure
 FL.UM.02 Use of Clinical Criteria
 FL.UM.02.02 Clinical Decision Criteria and Application
 FL.UM.02.01 Medical Necessity Review
 FL.UM.08.00 Management Requests as part of EPSDT or as a Potential Benefit Exception

Bruce ML, Van Citters AD, Bartels SJ. Evidence-based mental health services for home and community. Psychiatric Clinic North Am. 2005;28(4):1039-1060.

ATTACHMENTS: N/A

ROLES & RESPONSIBILITIES: Utilization Management

REGULATORY REPORTING REQUIREMENTS: N/A

REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
New Policy Document	Policy created	10/17/2022

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POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.

SVP Compliance _____

Senior Dir. Compliance _____